

of emphysema." The oxidant concept can be viewed as either a corollary or a competitor to the "conventional" protease theory of pathogenesis. The scientific interest in the biologic effects of "free radicals" of oxygen, as well as in their chemistry, has set the stage for an additional solution of this complex clinical cryptogram. Regardless of the direction in which the scientific consensus is tipped, as new leads are pursued, the interests of clinical investigation will be well served. A quarter century hence, the price of this endeavor (measured as difficult lessons of humility in science) will pale by comparison to the predictable strides made in unraveling the cipher of human disease.

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Are We Losing Ourselves Among the Trees?

IN MANY WAYS one can think of health care, and with it the medical profession, as wandering among the trees and in the underbrush of a huge forest with little or no sense of which way to turn. The trees are many—competition among physicians and with and among hospitals, government regulation within a "free" market in health care, the "bottom line," cost containment, professional liability, defensive medicine, new science, new technology, unprecedented bioethical dilemmas—to name but a few. Then, besides the trees, there is the underbrush, miserable thickets in which everything seems to get almost hopelessly tangled up—HMOs, IPAs, PPOs, DRGs, PROs—again, to name but a few. And then there are other ethical, moral and fiscal dilemmas: the balance of quality against cost, of physician advocacy of what he or she believes best or needed for a patient and the reality that there are simply not enough dollars to pay for doing everything for every patient that a well-trained physician may know how to do.

The trees and the underbrush are what we see all about us. They occupy much of the time and energy of practicing physi-

cians and of the medical associations that represent them and their patients' interests. In many ways they deflect not only energy, but resolve and resources from what health care is all about.

But the forest is something larger than all the trees and all the underbrush. A greater reality is the people who are what health care is all about—the people who receive the care and the people who actually give the care and use their training and skills in the art and science to deliver it. Another greater reality is that 40% of the people in this nation have no health insurance at all, either public or private, and therefore can only have impaired access to care when they need it. Somewhere, somehow, there exists a right of access to needed health care. And yet another greater reality, fully as serious as the others, is that physicians and other health care providers are being diverted from placing a patient's interests first, ahead of their own or those of other parties at interest in a patient's care.

In these terms the forest itself appears as the greatest reality of all. It is telling us that what we are doing now—that is, the present approach and the present systems of health care delivery, as reflected in the trees and underbrush in the metaphor described above—is inadequate, off the mark and in the long run certain to be unacceptable. But who is listening?

Who will be the first to see the forest for what it is? Will it be the public, the people who need care and believe they have a right to it, a public that perceives itself to be underserved amidst an unprecedented plethora of superbly trained physicians and other health care personnel and in the presence of an unprecedented plethora of underutilized hospital beds and other health care resources? Or will it be a government that sees in this another and unprecedented opportunity for more bureaucratic power and control over the health and well-being of its citizens? Or could it be a profession comprised of persons whose primary incentive should be to apply its very special training and skills to give the care that is needed to patients, in a reasonably efficient system that effectively balances the needs with the resources available? Probably no group in the nation has a better view of the real forest of health care than the medical profession. Can it, or will it, step back, take account of stock as it were, and rise to see, hear and comprehend the forest that now seems so effectively obscured by the trees, not to mention the underbrush, that patently dominates so much contemporary thinking about medical practice, patient care, and indeed all of health care delivery? If this should by any chance happen it could bring about an unimagined renaissance of power and prestige for our profession.

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